

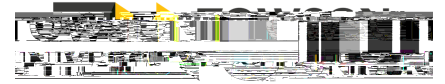
## Family Care Parking Exception Documentation

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-##( ), & , ,)0# , /-. ) &. . # .#( ), &( 1# , / -.)(&.. , 1# , /# # ), .#( .#( &.. , /-.# & . -##( - /&& /-# -- , -- ) ( ( / , & - &&1 / .) /-# -- - ), . , 0#1 ( #.#( ./ (- /-. 0 . )&&1# # ), .#( ) &. ( -/ #. ), - -# # . &1 » , # .#( / -.), / #)( & . , ) / , # » #& , , )0# , , # .#( ) / ( . .#( ( &0 , ), #&) & ( . , & ( . , .)1 -)( / Do not send this form to Parking & Transportation Services. » -##( - /-# -- , ), &.. , 1# )( . .# ), .#( ( &0 , ), #&) & ( . , & ( . , .)1 -)( / » ), &&.. , ) , / -.. ) & ( . , .) # & # ), .#( )( . . ) , # , )0# , / ( ( . . . / , .#( . . , 1 #&& , /# Do not send this form to Parking & Transportation Services & ( . , 1 #&& ) .# , # , ( - ) , . .#( , 0# - # . .#( - ( , ( . ( , ./ , ( , # , ( - ) , . .#( , 0# - 1 #&& ) .# . -/ ( .

The above-named student is responsible to complete the following section with details of when and where they must provide care for a parent, sibling or grandparent with a serious illness.

Student Documentation for Health Center		
<p>.# . .#( . - , &amp;. # ( - # . ) - / ( . &amp; . ) ( ) . )&amp;&amp;1# , ( . # &amp; , ( , ( .</p>	<p>.# . # - / ( . / - . , 0 &amp; ) , ) 1 ( , )0# # , ) , #&amp; ,</p>	<p>.# . ) ( ( / , ) . , - ) ( , / # # ,</p>
<p>, )0# , # &amp; ( . # ( ) . . , / ( ( . . # , ) , . . 1 #&amp;&amp; , / #</p>		
<p># . - / ( . , )0# , .) . .#( . , # , .) . # , / - . , # .#( - ) ( ) &amp; - &amp; # 1 . - / ( . # ( ) 1 , )0# # ,</p>		
<p>.# . &amp; ( . ) .# . .#( # # , / - . , ) ( ) / , - # .#( 1 . 1 #&amp;&amp; . ( / , # &amp; , / ( ) , ) , . .#( . . # - , 1 ) ( . ) , - - . , / - / - . , ( 1 &amp;&amp; - . , ) , # . # . ( - ) ( ) , # # &amp; / - .</p>		



## Physican Documentation Family Care Parking Exception

*The information below will be utilized to determine if the student will be allowed to purchase a parking permit and have a vehicle on campus.*

Must be completed by the student's physician	
Reason for Exception	
	TU Health Center Office Use Only